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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Guinea-Bissau

Proposed UNFPA assistance: $4.0 million, $ 3.0 million from regular resources and $1.0 million from multi-bilateral and/or other, including regular, resources

Programme period: 5 years (1998-2002)

Cycle of assistance: Third

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	1.7	0.6	2.3
Population & development strategies	1.0	0.4	1.4
Programme coordination & assistance	0.3	-	0.3
Total	3.0	1.0	4.0

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GUINEA-BISSAU

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	27.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	22.0	≥55
Access to basic health services (%)[3]	40.0	≥60
Infant mortality rate (/1000)[4]	140	≤50
Maternal mortality rate (/100,000)[5]	700	≤100
Gross female enrolment rate at primary level (%)[6]	28.6	≥75
Adult female literacy rate(%)[7]	36.5	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*

[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*

[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*

[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*

[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*

[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*

[7] *UNESCO, 1996. Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	1,069	Annual population growth rate (%)	1.98
Population in year 2000 (000)	1,180	Urban	3.74
Sex ratio (/100 females)	96.8	Rural	1.46
Per cent urban	22	Crude birth rate (/1000)	40.3
Age distribution (%)		Crude death rate (/1000)	20.6
Ages 0-14	41.9	Net migration rate (/1000)	0.0
Youth (15-24)	17.7	Total fertility rate (/woman)	5.42
Ages 60+	6.6	Life expectancy at birth (years)	
Percentage of women aged 15-49	45.1	Males	42.4
Median age (years)	19.2	Females	45.2
Population density (/sq. km.)	30	Both sexes	43.8
		GNP per capita (U.S. dollars, 1994)	240

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

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1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2002 to assist the Government of Guinea-Bissau in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $4.0 million, of which $3.0 million would be programmed from UNFPA's regular resources, to the extent that such resources are available. UNFPA would seek to provide the balance of $1.0 million from multi-bilateral and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's third cycle of assistance to Guinea-Bissau.

2. The proposed programme, which has been finalized in close consultation with the Government, other international development partners, national non-governmental organizations (NGOs) and various segments of the civil society, takes into account the Government's overall socio-economic development objectives as stated in its Socio-Economic Development Policy Framework document (1997-1999) and its National Long-Term Prospective Study (2000-2025) as well as the findings and recommendations of a Programme Review and Strategy Development (PRSD) exercise and the lessons learned from previous UNFPA assistance to Guinea-Bissau.

3. The overall goal of the programme is to assist the Government in improving the quality of life of the population through enhanced reproductive health; promoting gender equality, notably in the fields of reproductive and family health; and strengthening institutional capabilities. The purposes of the programme will be to assist the Government to: (a) improve the balance between demand for and delivery of reproductive health services by improving their accessibility and quality so as to increase the contraceptive prevalence rate by one percentage point each year; (b) ensure the integration of demographic variables into sectoral socio-economic development policies and plans; and (c) improve the political and legal framework for the promotion of reproductive rights for all individuals and for equality and equity between men and women.

4. All activities undertaken under the proposed programme, as in all UNFPA-assisted activities, will be carried out in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Guinea-Bissau is a category "A" country as defined by UNFPA's resource allocation criteria. It is ranked among the poorest countries in sub-Saharan Africa. The per capita gross national product (GNP) is estimated at $240 a year, and 49 per cent of the population lives below the officially established poverty level. After the liberation struggle, the Government made substantial investments in the primary sectors of the economy but, in doing so, incurred substantial external

debts. The economic growth rate was 4 per cent in 1994, but the inflation rate was as high as 65 per cent in 1996. Guinea-Bissau became a member of the West African Monetary Union (UMOA) in 1997; it is expected that membership will have a positive impact in terms of reducing inflation and increasing investment.

6. With 42 per cent of the population under 15 years old, an infant mortality rate of 140 per 1,000 live births, and a maternal mortality rate estimated at 700 per 100,000 live births, the Government of Guinea-Bissau is confronted with several difficulties in improving the reproductive health of its people. The proportion of the national budget allocated to health services has gone down, from 9 per cent in 1993 to 7 per cent in 1995. The quality of care has deteriorated due to shortages and unequal distribution of staff and to the lack of medical equipment and medicines. The coverage of health services is limited, and only 40 per cent of the population has access to services within 5 kilometres. A high proportion of deliveries occur without the assistance of qualified personnel. Of the 125 health centres in the country, 38 offer family planning services and only half of those offer a complete range of family planning methods other than NORPLANT implants and surgical contraception. The contraceptive prevalence rate is estimated at only 1 per cent in rural areas and at 8 to 10 per cent in urban areas. The Government is currently finalizing a new five-year national health development plan, 1997-2001, which places emphasis on family health including reproductive health.

7. The situation of young people, particularly in urban areas, is becoming a source of great concern. The formal education system cannot respond to their needs, and in the reproductive health and social fields, they are facing such emerging problems as unwanted pregnancies, a lack of information on sexuality, marriage at an early age, sexually transmitted diseases (STDs) including HIV/AIDS, the consequences of female genital mutilation (FGM), and complications from abortions. The establishment of a national youth institute in 1996 shows the Government's desire to promote and coordinate youth activities, but it has yet to be properly staffed.

8. The country has several laws in favour of equality between men and women that were adopted following Independence. Article 25 of the 1984 constitution proclaims equality between men and women in all spheres of political, economic, social and cultural activity. Similarly, the Government has adopted a national five-year plan (1997-2001) for the promotion of women and has also ratified the International Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). In practice, however, there is a discrepancy between modern legislation and traditional viewpoints that discriminate against women. Therefore, in spite of their great contributions to the economic sector, the status of women remains low.

Previous UNFPA assistance

9. The second UNFPA country programme for the period 1993-1997 was approved in the amount of $3.8 million. Its most important achievements were: (a) an increase in access to family planning services through the extension of integrated maternal and child health and family planning (MCH/FP) services to 15 additional health facilities in five of the nine administrative districts of the country; (b) the introduction of social marketing of condoms in the country in collaboration with the United States Agency for International Development (USAID); (c) the creation of two multi-purpose adolescent centres in Bafata and Gabu where social communicators were trained and ultimately provided family life education and family planning information to rural women in more than 40 villages; and (d) the introduction of population and family life education into the elementary school system.

10. The implementation of the past programme showed that: (a) strong high-level political commitment and the participation of civil society, NGOs and the private sector are necessary to achieving success in population and reproductive health programmes; (b) the purposes of the programme have to be defined in the context of available national expertise in the population and development field; (c) successful advocacy depends on reliable data that helps establish links between population variables and people's lives; (d) national execution depends on the commitment of the Government in providing qualified staff; and (e) strengthening of the UNFPA field office was necessary for successful programme implementation.

Other external assistance

11. The World Bank funded a social sector project that provided $6.4 million in the period 1993-1995 for basic health activities (training; information, education and communication (IEC); construction and equipment), the provision of condoms for the social marketing programme to prevent HIV/AIDS, water and sanitation projects, education and vocational training. The World Bank was the main development partner in the preparation of the national health development plan for 1997-2001, which is to be funded at an estimated $58 million. A total of $32 million of commitments towards funding the plan was made by various donors at a meeting held in Bissau in June 1997. The World Bank plans to complement this amount as necessary.

12. The Netherlands Government, through multi-bilateral channels, contributed to the 1991 population and housing census in the amount of $450,000. It also supports, *inter alia*, an environmental project and women's promotion activities and has collaborated with UNDP in conducting the National Long-Term Prospective Study. The European Union provides support to the statistical department of the Ministry of Economy and Finance, including for the training of personnel and the provision of equipment. The French Government gives support to youth activities.

Sweden, which is one of the main development partners of Guinea-Bissau, is active, *inter alia*, in the basic education sector and in the health sector, where it has contributed to the National Public Health Laboratory. The Swedish NGO Radda Barnen has been very active in the MCH/FP sector. It has contributed to the construction of the MCH/FP referral centre in Bissau and to running the National School of Nursing. It has also funded a study on FGM and supports the National Committee for the Elimination of Harmful Practices against Women and Children. In collaboration with UNICEF, it supports programmes for the protection of children and the review of laws in favour of children and women's rights. UNICEF also gives support to immunization and MCH programmes.

13. There is no official or formal mechanism in Guinea-Bissau either on the Government or the donor side to coordinate external funding. However, informal networks have been set up. For example, Radda Barnen has taken the leadership, along with United Nations agencies including UNFPA, of a group that deals with activities to promote the status of women and combat FGM. UNDP holds meetings with donors every two months and, on an *ad hoc* basis, with visiting senior officials from other bilateral or multilateral agencies. These meetings provide opportunities for exchanges of information, but they do not yet promote coordinated programmes and project activities. The programme cycles of the agencies of the United Nations Development Group (UNDG) have been harmonized. UNFPA took an active part in the preparation of the Country Strategy Note (CSN) and the Common Country Assessment exercise.

Proposed programme

14. The proposed programme will support activities in the two thematic areas of reproductive health and population and development strategies, respectively. The focus of reproductive health activities will be on the promotion of the concept of reproductive health, the improvement of the quality of care, the development of IEC activities and the improvement of the reproductive health of young people. In the area of population and development strategies, the priorities will be on development of human resources, the formulation of a national population policy and the conduct of certain research activities. The data collected will provide baseline information on the quality of services provided and will help evaluate the impact of the programme. Advocacy will be mainstreamed into both subprogrammes and will be designed to create awareness about the interrelationships between population and development to promote an enabling environment for population and development activities and to improve the status of women. Considering the limited resources available, the programme's interventions will be concentrated in three of the country's nine administrative regions (Bissau, Bafata and Gabu), but a number of activities, such as the procurement of contraceptives, certain advocacy activities and the formulation of a population policy, will be national in scope.

15. Reproductive health. The purpose of the reproductive health subprogramme is to assist the Government in increasing the rate of utilization of reproductive health services in order to increase the contraceptive prevalence rate by one percentage point each year between 1998 and 2002. The expected outputs are increased accessibility to reproductive health services by all target groups, including adolescents and youth; improved quality of reproductive health services in 23 health centres in the three regions of Bissau, Bafata and Gabu; and increased demand for reproductive health services. To achieve these outputs, the programme will promote a holistic and integrated view of reproductive health activities and will work to develop the country's human resources, both quantitatively and qualitatively, in terms of reproductive health. In addition, activities will be decentralized at the community level, through a community-based distribution approach and social marketing. A greater involvement of NGOs and the private sector will be sought. The proposed subprogramme will also assist in developing coordinated IEC activities with particular attention to the needs of young people and the involvement of men and the elderly. The subprogramme will also aim at developing operational and socio-anthropological research.

16. The reproductive health subprogramme will receive an allocation of $1.7 million from regular resources, and $600,000 will be sought from multi-bilateral sources. It will consist of three interrelated sets of activities: (a) the provision of integrated and quality reproductive health delivery services, which will be allocated $900,000 from regular resources and will seek $300,000 in multi-bilateral funding; (b) youth and adolescent reproductive health, with $600,000 from regular resources and $250,000 to be sought from multi-bilateral sources to complement the production of IEC activities as well as to carry out certain sensitization activities; and (c) operations research, with $200,000 from regular resources, supplemented with $50,000 for the demographic and health survey, if the funding is forthcoming.

17. Population and development strategies. The purposes of the population and development strategies subprogramme are to ensure the integration of demographic variables into sectoral socio-economic development policies and plans for sustainable development and to improve the political and legal framework for the promotion of reproductive rights for all individuals and for equality and equity between men and women. The expected outputs include formulation and operationalization of a national population policy and strengthened human resources in the fields of population and development, reproductive health, and gender. This should lead, among other things, to an improved capacity for analysing population data and to the dissemination of demographic, socio-economic and gender data. These advances should help to increase the utilization of population variables for sectoral socio-economic planning. A third output will be the institutionalization of population and family life education into the formal and informal education systems, the extension of the current pilot in-school population and family life education programmes to additional schools and the incorporation of population and family life education components into literacy programmes.

18. The outputs of the subprogramme will be reached through the implementation of four component sets of activities totaling $1.4 million in regular resources and $400,000 in multi-bilateral resources, distributed as follows: (a) formulation of the national population policy, $400,000 from regular resources and $100,000 from multi-bilateral resources if they become available; (b) operations research and population data collection, $100,000 from regular resources and an additional $100,000 to be added for census preparations if multi-bilateral funding becomes available; (c) gender, population and development, $250,000 from regular resources and $100,000 to set up a third multi-purpose women's centre in Gabu, if multi-bilateral funding is available; and (d) population and family life education, with an allocation of $650,000 in regular resources and $100,000 of multi-bilateral resources.

19. Implementation, coordination, monitoring and evaluation. Overall coordination of the programme will be carried out by the Ministry of Economy and Finance. However, a coordination committee will be set up to facilitate harmonization. Each subprogramme will be placed under the responsibility of an appropriate ministry that will be responsible for formulation, management, monitoring and evaluation. Different ministerial departments, NGOs, associations and United Nations organizations will be involved, as appropriate. An analysis of the capabilities of potential implementing institutions will be carried out, and national execution will be promoted to the extent possible. Given the limited financial resources, long-term technical assistance will be supplied, if possible, by United Nations Volunteers.

20. After preliminary contacts with donor agencies present in the country, three main areas have been identified for possible collaboration in the new programme cycle -- reproductive health, gender and the promotion of the status of women, and research and data collection. In the reproductive health area, the Fund will pursue collaboration with the World Bank, UNICEF and WHO in order to strengthen the reproductive health aspects of the new national health development plan. Collaboration will also be pursued with the Swedish Government, which has expressed interest in supporting the adolescent reproductive health aspect of the programme through the NGO Radda Barnen. In the area of gender and women's promotion, UNDP, the European Union, the Netherlands and UNFPA will jointly assist the Ministry of Social Affairs and Women's Promotion in the implementation of the newly approved national women's plan (1997-2001). In the area of research and data collection, UNFPA will collaborate with UNICEF and WHO in assisting the Government to conduct a demographic and health survey.

21. UNFPA-established guidelines and procedures will be used for monitoring and evaluating the proposed programme. The programme will be closely monitored through field visits, periodical reviews and annual progress and review meetings. Activities such as quarterly meetings with programme managers and financial assistants will be encouraged to promote coordination, sharing

of experiences and discussions of problems encountered. Technical backstopping from national consultants and the UNFPA Country Support Team headquartered in Dakar, Senegal, will be provided as needed. A mid-term review will be held in 2000 to assess progress made and to define any needed reorientation plans. In addition, progress will be assessed using the results of operations research and the ongoing collection of population data. Finally, the programme will be evaluated at the end of the cycle.

Recommendation

22. The Executive Director recommends that the Executive Board approve the programme of assistance for Guinea-Bissau as presented, in the amount of $4.0 million over the period 1998-2002, $3.0 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $1.0 million would be sought from multi-bilateral and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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